

# **Application Data Sheet**

## **Application Information**

Application number::	
Filing Date	February 18, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD OF REINFORCING A METAL CONTAINER AND REINFORCED METAL CONTAINER
Attorney Docket Number::	06379.00005
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Baruch  
Middle Name::  
Family Name:: Gedalia  
Name Suffix::  
City of Residence:: Paris  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address:: 16, cité Industrielle  
City of mailing address:: Paris  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 75011

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Sébastien  
Middle Name::  
Family Name:: Diaz  
Name Suffix::  
City of Residence:: Chalon-Sur-Saone  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address:: 21, rue de Thiard  
City of mailing address:: Chalon-Sur-Saone  
State or Province of mailing address::  
Country of mailing address:: France

Postal or Zip Code of mailing address:: 71100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Hervé

Middle Name::

Family Name:: Ridoux

Name Suffix::

City of Residence:: Marseille

State or Province of Residence::

Country of Residence:: France

Street of mailing address:: 45, traverse Parangon

City of mailing address:: Marseille

State or Province of mailing address::

Country of mailing address:: France

Postal or Zip Code of mailing address:: 13008

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

--	--	--	--

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
France	FR 03 02548	03/03/03	YES

### Assignee Information

Assignee name:: FREYSSINET INTERNATIONAL (STUP)  
 Street of mailing address:: 1, rue de Petit Clamart  
 City of mailing address:: Velizy Cedex  
 State or Province of mailing address::  
 Country of mailing address:: France  
 Postal or Zip Code of mailing address:: 78140